Name in Full

Certificate of Death

Britt, Sam

Died at Town Pocomoke County Worcester MARYLAND

Date 189 Month Nov. Day 8 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White Colored | Married Single | Widow Widower | Divorced | Number of children living

Husband / Wife of

Father's Name Lg. W. Britt, Jr. | Mother's Name

Cause of Death: Primary Scald. 1466 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Advocate Same Date. 3rd

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Name in Full

Certificate of Death

Rosa Brittingham

Died at 4 Miles from Pocomoke (Town) Worcester (County) MARYLAND

Date 189[illegible] Month Nov Day 24 Age Y. 4 M. months D. Native of Occupation

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband Wife of

Father's Name [illegible] Mother's Name Minnie Brittingham

Cause of Death: Primary Cholera infantum Contributed to a Shattered How long sick

Immediate 82 Accident, Suicide, Homicide

Reported by Stevenson & Bros Undertakers

Address Pocomoke city Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

P. C. I. 231

For Private Attendance

Name in Full

Norman H Chapman

Certificate of Death

Town: Greenbackville County: Worcester

Died at MARYLAND

Date 189 8 Month: Nov. Day: 12 Age: Y. M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced | Number of children living

Husband / Wife of

Father's Name: Samuel C. Chapman Mother's Name

Cause of Death: Primary: Croup 7 6 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Peninsula Press Nov. 17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full — Certificate of Death

Ellen R. Davidson

Town: Berlin — County: Worcester — MARYLAND

Died at

Date 189 — Month: 1/13 — Day — Y. — M. — D. — Age: 60+ — Native of: Maryland — Occupation: Milliner

Male — White — Married — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living: None

Husband of Levin J. Davidson — 43

Wife

Father's Name: Louder — Mother's Name: Unknown

Cause of Death — Primary: Softening of Brain — How long sick: 3 years

Immediate: Collapse of Lungs — ~~Accident, Suicide, Homicide~~

Is general health impaired by intemperance?

Reported by: E. Holland

Address: Berlin

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55068

Name in Full — Certificate of Death

Ethel Holland

Died at — Town: Near Liberty — County: Worcester — MARYLAND

Date 1898 Month 11 Day 11 — Age Y. 30 M. D. — Native of Maryland — Occupation farmer.

Male — White — Married — ~~Widowed~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widowed~~ — Number of children living 4

Husband of ~~Wife~~ Georgie Holland

Father's Name Struggen Holland — Mother's Name dead (unknown)

Cause of Death — Primary: Typhoid fever — How long sick 28 days.

Immediate: " "

~~Accident Suicide Homicide~~

Reported by Eby Holland

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

P.C. 32

Mrs. G. Evans

Name in Full Henry Massey

Certificate of Death

Died at Town Berlin County worcester MARYLAND

Date 1898 Month Nov Day 25 Age Y. 65 M. D. Native of maryland Occupation Labor

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widowed~~ ~~Widower~~ ~~Divorced~~

Number of children living nun

Husband / Wife of Phillip Massey

Father's Name dont know Mother's Name Sarah Massey

Cause of Death: Primary

How long sick

Immediate 161 dead

~~Accident, Suicide, Homicide~~

Reported by E. J. Evans undertaker

Address Berlin md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

No 6
L. J. Bowers

No 9r. P.C. 32

Name in Full Sarah Pitts — Certificate of Death

Died at near Town Berlin, County Worcester Co., MARYLAND

Date 189 8 Month Nov Day 7 — Age Y. 50 M. D. — Native of Maryland — Occupation Laborer

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Samuel Pitts 87

Father's Name Harid Brittingham — Mother's Name Rachel Brittingham

Cause of Death: Primary Chronic Diarrhoea — How long sick some weeks

Immediate Jenual Prolapsus — ~~Accident, Suicide, Homicide~~

Reported by John F Hammond M D

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 45968

L. J. Evans

Name in Full Ronnie P. Pusey — Certificate of Death

Town — County

Died at worcester Co MARYLAND

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| Nov | 28 | 14 | | | mayland | school boy |

Date 189 8

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Alexander Pusey

Mother's Name 145 a

Cause of Death — Primary: gun shot wound — How long sick: 10 hours

Immediate: Shock

Accident, ~~Suicide~~, ~~Homicide~~

Reported by C. H. Harris

Address Pocomoke City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78708

Name in Full

Certificate of Death

Rowe Pusey

Died at Town: Collingham's Ferry County: Worcester MARYLAND

Date 1896 Month: 11 Day: 29 | Age Y. 15 yrs M. D. | Native of Worcester Co. Md. | Occupation Farmer

Male Yes White Yes | Married No | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband of

Wife

Father's Name Alex. D. Pusey

Mother's Name Mrs Alex. D. Pusey

Cause of Death — Primary: Gunshot wound of Abdomen | How long sick: 20 hours

Immediate: Heart failure | 145a | Accident, ~~Suicide~~, ~~Homicide~~

Reported by J. H. King, M.D.

Address Cocomoke City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Seen by Coroner _____

of _____

Attended by Dr J. V. Wing.

of Pocomoke City, Md.

Information contained in this certificate re-

ceived from _____

of _____

Name in Full

Certificate of Death

John L Sturgis

Died at Town: Snow Hill, County: Worcester — MARYLAND

Date 189 8 — Month: 11 — Day: 5 — Age: Y. 56 M. D. — Native of: U. S. — Occupation: Farmer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of Phoebe Sturgis

Father's Name: William Sturgis — Mother's Name: Mary Sturgis

Cause of Death — Primary: Pleuro-Pneumonia — How long sick: 9 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by W. A. Shannahan. M.D.

Address Snow Hill Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full

Certificate of Death

Annie Warren

Died at Town near Pocomoke City County Worcester MARYLAND

Date 189 Month 11 Day 22 Y. M. D. Age 26 Native of Occupation

~~Male~~ Female White Colored ~~Married~~ Single Widow Widower Divorced Number of children living

Husband Wife of

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Advocate 11-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706